



**San Juan County  
CIVIL SERVICE COMMISSION**

350 Court Street, #9 (mail)  
Friday Harbor, Washington 98250  
Phone (360) 378-4657  
E-mail: [civilkathy@rockisland.com](mailto:civilkathy@rockisland.com)

**APPLICATION FOR EMPLOYMENT**  
San Juan County is An Equal Opportunity Employer

POSITION APPLIED FOR	DATE OF APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS (P.O. Box or Street)	(City)	(State) (Zip Code)
TELEPHONE NUMBER(S) ( )	E-MAIL ADDRESS	

- Have you ever used a different name for school or employment?  
Yes\_\_\_ No\_\_\_  
If yes, what name(s)\_\_\_\_\_
- Have you ever been employed by San Juan County?  
Yes\_\_\_ No\_\_\_  
If yes, give date-of-separation or state "present employee".  
\_\_\_\_\_
- Does San Juan County employ any relatives of yours?  
Yes\_\_\_ No\_\_\_  
If yes, whom and the relationship:  
\_\_\_\_\_
- Are you 21 years of age or older? Yes\_\_\_ No\_\_\_
- Are you a United States citizen? Yes\_\_\_ No\_\_\_  
(Citizenship is required for Civil Service employment.)
- Do you possess a valid driver's license? Yes\_\_\_ No\_\_\_  
State\_\_\_\_\_ License#\_\_\_\_\_
- Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_  
(A felony conviction will prohibit you from Civil Service employment.)
- On what date would you be available for work? \_\_\_\_\_
- Are you available to work: :  
\_\_\_Full-time \_\_\_Part-time \_\_\_Temporary
- Have you ever claimed a Veteran's Preference for any Civil Service position that you have held? Yes\_\_\_ No\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**PLEASE READ THESE  
INSTRUCTIONS BEFORE  
COMPLETING THIS APPLICATION**

Type or print clearly in dark ink. If you need more space for an answer, use a sheet of paper the same size as this page.

**SUBMIT A SEPARATE  
APPLICATION FOR EACH  
POSITION FOR WHICH YOU ARE  
APPLYING. AN ORIGINAL  
SIGNATURE IS REQUIRED FOR  
EACH APPLICATION SUBMITTED.**

**Read the recruitment  
announcement carefully for the  
position for which you are applying.  
Note the skills and knowledge  
required for this position. Be sure  
you meet the minimum  
qualifications set forth in the  
announcement.**

Your examination scores and completed application are used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience. Resumes may be attached but will not be accepted as a substitute for completing this application form.

**THE SELECTION PROCESS**

Upon the close of the application period, all applications received will be reviewed to ascertain that each applicant meets the minimum qualifications for the position.

If you are an individual with a disability who is in need of an auxiliary aid or service to participate in the examination process, please notify the Chief Civil Service Examiner at (360) 378-4657 at the time of application.

If you are selected for an interview, you will be contacted by phone.

**For office use only:**  
Qual\_\_\_\_\_

Not Qual\_\_\_\_\_

Exper\_\_\_\_\_

Educ\_\_\_\_\_

**SPECIALIZED SKILLS /  
EQUIPMENT  
OPERATED**

Personal Computer  
 Word Processing (WPM \_\_\_\_\_)  
 Spreadsheets  
 E-mail  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
  
 Typewriter (WPM \_\_\_\_\_)  
 Multi-line telephone  
 Radio (transmit/receive)  
 FAX Machine  
 Copy Machine  
 Camera/Video Camera  
 Maps/Reference Manuals  
 Measuring Tools  
 Fingerprint Equipment  
 Restraining Equipment (cuffs/transport belt/etc.)  
 Firearm  
 Vehicle  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

YES High School Graduate/GED Certificate?  
 NO If no, indicate grade completed \_\_\_\_\_

Vocational/Technical School Hrs. Completed \_\_\_\_\_  
 Major Field: \_\_\_\_\_

Business College: Hrs. Completed \_\_\_\_\_  
 Major Field: \_\_\_\_\_

UNDERGRADUATE	GRADUATE
School(s)	School(s)
Major Field(s)	Major Field(s)
Hours Completed	Hours Completed
Semester:      Quarter:	Semester:      Quarter:
Degree(s) Received:	

1. License/Certificate issued by:

Field/Trade/Specialization	Lic./Cert.No.	Issue Date	Exp.Date
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2. License/Certificate issued by:

Field/Trade/Specialization	Lic./Cert.No.	Issue Date	Exp.Date
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Describe your skills, knowledge & abilities that qualify you for this position. *(Please refer to "Minimum Qualifications" for the position.)*

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**REFERENCES:**

Please list three professional references we can contact who are able to evaluate your job related knowledge and abilities. Please include at least one supervisor (past or present) that we may contact.

	1	2	3
<b>Name</b>			
<b>Title</b>			
<b>Company</b>			
<b>Phone</b>			

**EMPLOYMENT HISTORY:**

Please complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs.

List present or last employer first:

<b>1</b> Employer	Type of Business	Job Title
Employer Address		Telephone No. ( )
Dates: (Mo/Yr) From:            To:	Supervisor Name/Title	Pay: Starting                      Final
May we Contact?	Reason for leaving	
If you supervised employees, please indicate number and give dates No.                      From (Mo/Yr)                      To (Mo/Yr)	Check one: Hours per week [ ] Full-time            [ ] Part-time	
Duties/Responsibilities		Do not write in this area YRS                      MO

<b>2</b> Employer	Type of Business	Job Title
Employer Address		Telephone No. ( )
Dates: (Mo/Yr) From:            To:	Supervisor Name/Title	Pay: Starting                      Final
May we Contact?	Reason for leaving	
If you supervised employees, please indicate number and give dates No.                      From (Mo/Yr)                      To (Mo/Yr)	Check one: Hours per week [ ] Full-time            [ ] Part-time	
Duties/Responsibilities		Do not write in this area YRS                      MO

<b>3</b> Employer	Type of Business	Job Title
Employer Address		Telephone No. ( )
Dates: (Mo/Yr) From: To:	Supervisor Name/Title	Pay: Starting Final
May we Contact?	Reason for leaving	
If you supervised employees, please indicate number and give dates No. From (Mo/Yr) To (Mo/Yr)		Check one: Hours per week [ ] Full-time [ ] Part-time
Duties/Responsibilities		Do not write in this area YRS MO

<b>4</b> Employer	Type of Business	Job Title
Employer Address		Telephone No. ( )
Dates: (Mo/Yr) From: To:	Supervisor Name/Title	Pay: Starting Final
May we Contact?	Reason for leaving	
If you supervised employees, please indicate number and give dates No. From (Mo/Yr) To (Mo/Yr)		Check one: Hours per week [ ] Full-time [ ] Part-time
Duties/Responsibilities		Do not write in this area YRS MO

**For additional experience blocks, please use continuation sheet available from the Administrative Services Department.**

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further consideration, or, if employed, for dismissal at any time. Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States. I give the County the right to investigate all references and to secure and release information about me, if job related. I hereby release from liability the County and its representatives for seeking and releasing such information and all other persons, corporation or organizations for furnishing such information.

Signature of Applicant _____		Date _____
Offer Accepted _____		
Pre-employment Background Check _____	(if applicable)	
Job Title _____	Bargaining Unit _____	Salary Range _____ Step _____
Department Director Approval _____		

SAN JUAN COUNTY  
Civil Service Board  
**VETERAN'S PREFERENCE DECLARATION**

Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Have you been honorably discharged from active duty or received a discharge for physical reasons with an honorable record?   | _____      | _____     |
| 2. Have you served during a period of war or in an armed conflict as defined in RCW 41.04.005 (see reverse) or received the armed forces expeditionary medal, or marine corps and navy expeditionary medal, for opposed action on foreign soil. | _____      | _____     |

Branch of Service: \_\_\_\_\_

**I CLAIM:**

- \_\_\_\_\_ 10% preference be added to my final passing grade because I served during a period of war or in an armed conflict and I am NOT receiving military retirement payments.
- \_\_\_\_\_ 5% preference be added to my final passing grade because I did not serve during a period of war or in an armed conflict, or I AM receiving military retirement payments.

I certify that the information contained herein is correct and true to the best of my knowledge. I understand that falsely claiming Veteran's Preference points may result in removal from a Civil Service eligibility list or dismissal from employment with the San Juan County Sheriff's Office.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\* PLEASE ATTACH A COPY OF YOUR DD-214 TO YOUR APPLICATION \*\***

**RCW 41.04.005**

**"Veteran" defined for certain purposes.**

(1) As used in RCW [41.04.005](#), [41.16.220](#), [41.20.050](#), [41.40.170](#), and [\\*28B.15.380](#) "veteran" includes every person, who at the time he or she seeks the benefits of RCW [41.04.005](#), [41.16.220](#), [41.20.050](#), [41.40.170](#), or [\\*28B.15.380](#) has received an honorable discharge, is actively serving honorably, or received a discharge for physical reasons with an honorable record and who meets at least one of the following criteria:

(a) The person has served between World War I and World War II or during any period of war, as defined in subsection (2) of this section, as either:

(i) A member in any branch of the armed forces of the United States;

(ii) A member of the women's air forces service pilots;

(iii) A U.S. documented merchant mariner with service aboard an oceangoing vessel operated by the war shipping administration, the office of defense transportation, or their agents, from December 7, 1941, through December 31, 1946; or

(iv) A civil service crewmember with service aboard a U.S. army transport service or U.S. naval transportation service vessel in oceangoing service from December 7, 1941, through December 31, 1946; or

(b) The person has received the armed forces expeditionary medal, or marine corps and navy expeditionary medal, for opposed action on foreign soil, for service:

(i) In any branch of the armed forces of the United States; or

(ii) As a member of the women's air forces service pilots.

(2) A "period of war" includes:

(a) World War I;

(b) World War II;

(c) The Korean conflict;

(d) The Vietnam era, which means:

(i) The period beginning on February 28, 1961, and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period;

(ii) The period beginning August 5, 1964, and ending on May 7, 1975;

(e) The Persian Gulf War, which was the period beginning August 2, 1990, and ending on the date prescribed by presidential proclamation or law;

(f) The period beginning on the date of any future declaration of war by the congress and ending on the date prescribed by presidential proclamation or concurrent resolution of the congress; and

(g) The following armed conflicts, if the participant was awarded the respective campaign badge or medal: The crisis in Lebanon; the invasion of Grenada; Panama, Operation Just Cause; Somalia, Operation Restore Hope; Haiti, Operation Uphold Democracy; Bosnia, Operation Joint Endeavor; Operation Noble Eagle; southern or central Asia, Operation Enduring Freedom; and Persian Gulf, Operation Iraqi Freedom.

[2005 c 255 § 1; 2005 c 247 § 1. Prior: 2002 c 292 § 1; 2002 c 27 § 1; 1999 c 65 § 1; 1996 c 300 § 1; 1991 c 240 § 1; 1984 c 36 § 1; 1983 c 230 § 1; 1982 1st ex.s. c 37 § 20; 1969 ex.s. c 269 § 1.]